



ARKANSAS DEPARTMENT OF EDUCATION

STATEMENT OF ASSURANCE

_____ School District	_____ LEA #	<u>2017-2018 (July 1, 2017-June 30, 2018)</u> School Year
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Pursuant to Ark. Code Ann. § 6-15-202, each Arkansas school district superintendent and each chief academic officer of an open-enrollment charter school shall give written assurance each school year of school district or charter school compliance with Arkansas law. This written assurance shall be received or postmarked and mailed to the Department of Education by October 15th of each school year.

By my signature below, I certify that:

- I have thoroughly reviewed and verified that the Cycle 2 report accurately describes the status and condition of the school district;
- To the best of my knowledge, the school district is in compliance with all state laws and the Standards for Accreditation; and
- This statement is submitted in compliance with Ark. Code Ann. §§ 6-15-202 and 6-15-206(c)(1), and is subject to the enforcement provisions of Ark. Code Ann. §§ 6-15-202 and 6-15-207.

Furthermore, I understand that failure to comply *may* result in a citation or probationary status. Pursuant to Ark. Code Ann. § 6-15-202(g), in addition to the written statement of assurance, the Department of Education may conduct an on-site review of a school district to confirm that a school district has complied with any statutory requirements or any other matter related to the Standards for Accreditation of Arkansas Public Schools and School Districts.

For additional information, please visit <http://www.arkansased.gov/divisions/public-school-accountability/standards-for-accreditation/statement-of-assurance>.

Assistance is available should you have any questions or concerns, by contacting the Standards for Accreditation Office at 501-683-1024 or 501-682-5891, or email the office at ade.accreditation@arkansas.gov.

President of Board's Signature _____ Date: _____

Superintendent's Signature: _____ Date: _____

Superintendent's Name (printed): _____

District Contact Person (Name/title): _____

Phone # _____ E-mail Address: _____

Please return the signed Statement of Assurance **by October 15, 2017**, to the Standards for Accreditation Office at:

Email: ade.accreditation@arkansas.gov

OR

Mail to: Standards for Accreditation
Public School Accountability
Arkansas Department of Education
Four Capitol Mall, Box 21
Little Rock, AR 72201-1071

As a reminder, any superintendent who fails to file a written statement of assurance as required by the Commissioner of the Department of Education pursuant to Ark. Code Ann. § 6-15-202(f), by the date established by the Department of Education or knowingly submits false information, or if the Department of Education determines the information in the statement is inaccurate or incomplete, the Department of Education, pursuant to Ark. Code Ann. § 6-15-202(i), may:

- (1) *Conduct a random on-site visit;*
- (2) *Request additional information from the school district;*
- (3) *Take licensure action on the license of the superintendent under the procedure of § 6-17-410; or*
- (4) *Recommend to the State Board of Education that an accredited-cited status or an accredited-probationary status be assigned the school or school district as described in the Arkansas Department of Education Rules Governing Standards for Accreditation of Arkansas Public Schools and School Districts.*